

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	13/08/2019 14:59
Date Of Accident	08/08/2019 21:20
Exact Location Of Accident	JUNCTION BUKIT BATOK EAST AVE 6 & AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3153S
Insured/Policyholder	
Name Of Registered Owner	ONG LAY KUAN
NRIC No	S1715960G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90018158
Alternative Phone No	OTHERS-90018158

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA401622/1
Cover Note Number	26/09/2018 - 25/09/2019

Driver

Name of Driver	NG AI HEOK
NRIC No	S7969566A
Date Of Birth	21/05/1979
Occupation	INDOOR
Date Of Driving Pass	13/08/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90018158
Fax Number	
Contact Number	OTHERS-90018158
Email Address	NOEMAIL

Address 903 JURONG WEST ST 91
#08-125
Postcode 640903
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 2
Passenger 1
NAME: : NG WEI PING
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6750M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

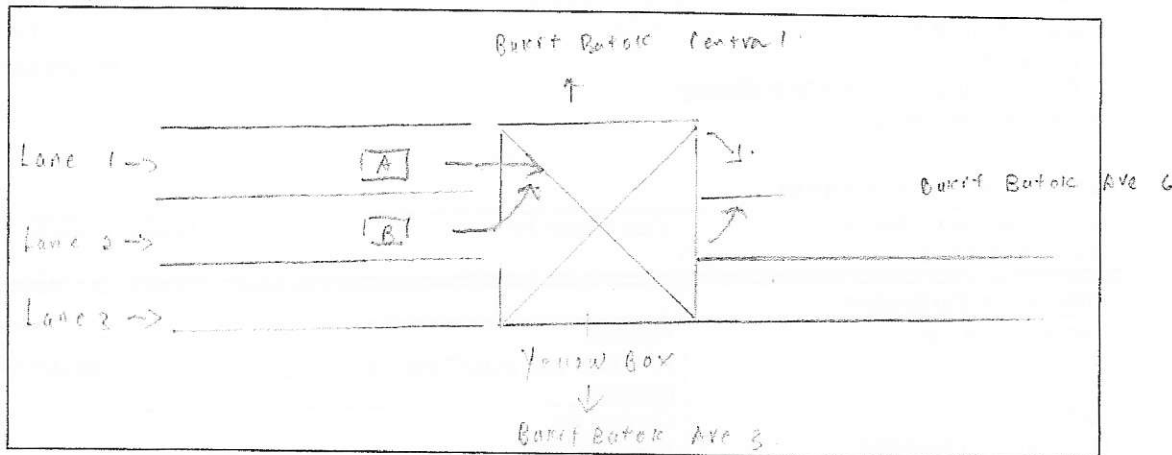


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 08/08/2019 Time: 0100 Location: Junction of Road 1 and Road 2
Bukit Batok East Ave 6
Bukit Batok East Ave 3
 My Vehicle A: SME31535 Vehicle B: SHD6750M Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Discreter to police Report and videos capture.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 13/06/2019 0950am

Reporting Center Personnel's Signature
Name:
NRIC/FIN No.:



AH LIM MOTOR COMPANY

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190808/2210

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190808/2210

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2019 22:49		Vide Report No.:		Station Diary No.: 171	
Informant's Particulars					
Name of Informant: NG AI HEOK			Address: APT BLK 206 BUKIT BATOK STREET 21 #12-78 SINGAPORE 650206		
ID Type / ID No.: NRIC NO / S7969566A			Contact No.: Home/Office: Mobile: 90018158		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 21/05/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROJECT EXECUTIVE			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2019 21:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK EAST AVENUE 6 BUKIT BATOK EAST AVENUE 3 Bukit Batok East Avenue 6 towards Old Jurong Road, junction of Bukit Batok East Avenue 3, at the yellow box				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6750M	Car	HYUNDAI		Blue	No Damage	1
SME3153S	Car	HONDA	VEZEL	Silver	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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Report No. T/20190808/2210

CONTINUATION OF REPORT

Driver			
Name	ABDUL RAZAK B RAHMANSAH		ID No. S0595648Z
Related Vehicle	SHD6750M (Car)		Contact No. 91733694
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG AI HEOK		ID No. S7969566A
Related Vehicle	SME3153S (Car)		Contact No. 90018158
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/08/2019 at about 9.21pm, I was driving along Bukit Batok East Avenue 6 towards Old Jurong Road.

The traffic light was red and I stopped at the extreme left of the road, junction of Bukit Batok East Avenue 3 and Bukit Batok East Avenue 6.

Beside my car was a blue taxi. As the traffic light turns green, I then drove off. Subsequently, as in the middle of the yellow box junction, the taxi which was beside me side swipe onto the front right side of my vehicle trying to merge / cut into my lane.

After the junction, it was a merging lane. I am not sure if he realized that his vehicle hit onto mine. I then high beam onto him to signal him to stop.

Both of us alighted and I then check for the damages. There were damages at the front right side tyre guard and minor scratches on my right side door.

We exchanged particulars. The taxi driver told me to wait for his call. I informed my boss about the matter as the vehicle belongs to my boss. I was then told to lodge a traffic accident report in regards to this incident as I am not sure what the taxi driver will be up to.

There is also an in-car camera in the vehicle and it captures the incident.



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CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190808/2210

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Report No. T/20190808/2210

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 MUHAMMAD SYAZWAN BIN ROSELI-
PANE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/08/2019 22:49

Officer In Charge Of Case:

TP / GIA /

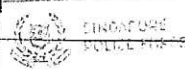
Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SU 30

Authentication Stamp
NP168



SIGNATURE